## 1190000 34058

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## **COVER LETTER**

	istration Sec sion of Corp				
	Corium Esth				
SUBJECT:		Name of Limi	ited Liability Company	<del></del>	
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Sandra Alvarez			
		-	Name of Person	<del></del>	
Corium Esthetics, LLC  Firm/Company					
					1201 N Federal Hwy, Suite 5
	<del></del>				
Fort Lauderdale, FL 33304					
		coriumesthetics@gmail.con	City/State and Zip Code		
		E-mail address: ()	to be used for future annual report notif	lication)	
For further in	iformation co	oncerning this matter, please co	all:		
Sandra Alvar	a Alvarez 954 699-7988 at ()				
	Name of	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) UL 28 P 1: 32

Pare 1

Corium Esthetics, LLC

The Articles of Organization for this Limited Liability Company were filed on 

1.19000034058

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Body by Corium Esthetics, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Sandra Alvarez
1111 E Sunrise Blvd, Unit 615

B. If amending the registered agent and/or registered office address on our records, enter the name of the

Name of New Registered Agent:

New Registered Office Address:

Fort Lauderdale, FL33304

## New Registered Agent's Signature, if changing Registered Agent:

registered agent and/or the new registered office address here:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Juan J. Eslava, SR	3230 NW 4th St Apt 304 Pompano Beach, FL 33069	Add
			☐ Remove
			Change
		<u> </u>	Add
			□ Remove
			Change
			Remove
			Change
		<del> </del>	□ Remove
			Change
		<u> </u>	☐ Remove
			□ Change
			Remove
			Change

-	
(If an effective Note: If t	date, if other than the date of filing:
the record the 90	d specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier of th day after the record is filed.
Dated	· 2019
	Signature of a member or authorized representative of a member
	Sandra Alvarez
	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00